DEPARTMENT OF HOMELAND SECURITY

UNITED STATES CUSTOMS AND BORDER PROTECTION PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: ()4-CR-544		
Defendant: KUN FUK CHENG	Type of Process: Forf	Type of Process: Forfeiture - Service		
SERVE AT: (Name of Individual, Company, Corporation, etc	to be served or Description of property to S	eize: (Address: street or RFD, Apt. No.,	City,State and Zip Code):	
Everhome Mortgage Company, c/o	Legal Unit, 8100 Nations	Way, Jacksonville, Flori	da 32256	
Send notice or service copy to requester at Name and Address below:		Number of Processes to	be Served	
GLENN T. SUDDABY, United Sta		1		
218 James T. Foley Courthouse		Number of Parties to Serve	ed	
445 Broadway				
Albany, New York 12207	Check box if service is on U	JSA		
Please serve the following: A certified copy and Forfeiture	y of the Preliminary Order	of Forfeiture and the No	tice of Publication	
Signature of Attorney or other Originator requesting service on be	half of: (X)Plaintiff () Defendant	of Forfeiture and the No Telephone No. 518-431-0247	Date	
Please serve the following: A certified copy and Forfeiture Signature of Attorney or other Originator requesting service on between the Signature and Date of Person accepting Process:	half of: (X)Plaintiff () Defendant	Telephone No.		
Signature of Attorney or other Originator requesting service on be	half of: (X)Plaintiff () Defendant DEZZA, AUSA	Telephone No. 518-431-0247	2/14/06	
Signature of Attorney or other Originator requesting service on being the signature and Date of Person accepting Process: SPACE BELOW FOR USE OF I	half of: (X)Plaintiff () Defendant DEZZA, AUSA DEPARTMENT OF HON O Serve Signatura of Authorized Dept. of	Telephone No. 518-431-0247 MELAND SECURITY	Date 2/14/06	
Signature of Attorney or other Originator requesting service on beautiful Thomas A. Cap Signature and Date of Person accepting Process: SPACE BELOW FOR USE OF Interest of Origin District to the No.	half of: (X)Plaintiff () Defendant DEZZA, AUSA DEPARTMENT OF HON O Serve Signature of Authorized Dept. of Agency (Milkor)	Telephone No. 518-431-0247 MELAND SECURITY Homeland Security	Date 2/14/06 AGENCY Date	
Signature of Attorney or other Originator requesting service on being a signature and Date of Person accepting Process: SPACE BELOW FOR USE OF I acknowledge receipt for the total number of process indicated. No	half of: (X)Plaintiff () Defendant DEZZA, AUSA DEPARTMENT OF HON O Serve Signature of Authorized Dept. of Agency Company	Telephone No. 518-431-0247 MELAND SECURITY Homeland Security	Date 2/14/06 AGENCY Date 2.16.200	
Signature of Attorney or other Originator requesting service on being the signature and Date of Person accepting Process: SPACE BELOW FOR USE OF Interest of Origin District to the state of Process indicated. I hereby certify and return that I() personally set the Process described on the Individual, company, or the Individual or the Individual, company, or the Individual or Indiv	half of: (X)Plaintiff () Defendant DEZZA, AUSA DEPARTMENT OF HON O Serve Signature of Authorized Dept. of Agency Officer ERVED. (KHAVE LEGAL EVIDENCE OF CORPORATION, ETC., AT THE ADDRESS	Telephone No. 518-431-0247 TELAND SECURITY Homeland Security SERVICE. () HAVE EXECUTED A SHOWN ABOVE OR ON THE ADDI	Date 2/14/06 AGENCY Date 2.16.200 S SHOWN IN 'REMARKS', RESSINSERTED BELOW	
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Signature of Attorney or other Originator requesting service on being the signature and Date of Person accepting Process: SPACE BELOW FOR USE OF I I acknowledge receipt for the total number of process indicated. I HEREBY CERTIFY AND RETURN THAT I() PERSONALLY SE THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, (1) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO Name and Title of individual served if not shown above. (1) A personal content of the process of the p	half of: (X)Plaintiff () Defendant DEZZA, AUSA DEPARTMENT OF HON O Serve Signature of Authorized Dept. of Agency Officers ERVED. (KHAVE LEGAL EVIDENCE OF CORPORATION, ETC., AT THE ADDRESS D LOCATE THE INDIVIDUAL, COMPANY rson of suitable age and discretion then residing	Telephone No. 518-431-0247 MELAND SECURITY Homeland Security SERVICE. () HAVE EXECUTED A 1 SHOWN ABOVE OR ON THE ADDI 7, CORPORATION, ETC. NAMED AP 1 ng in the defendant's usual place of about the security of the secur	Date 2/14/06 AGENCY Date 2.16.200 S SHOWN IN REMARKS', RESSINSERTED BELOW BOVE.	
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Service was completed on 3.7.2006 as evidenced by the attached copy of the Return Receipt (Certified Mail).

SENDER: COMPLETE THIS SECTION			COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the card. Attach this card to the back or on the front if space permit 	desired. on the rever to you. f the mailpi	rse	A. Signat	red by (Prin	UUU ited Name)	C. Date of
1. Article Addressed to: Everhome Mortgage c/o Legal Unit 8100 Nations Way Jacksonville, FL	Ge. MAN 32256 O∪		i e		different from i	
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2. Article Number	7004	2890	0002	4005	7820	□ Ye